

CITY OF CARLSBAD

COUNCIL POLICY STATEMENT

General Subject: AMERICANS WITH
DISABILITIES ACT (ADA)

Specific Subject: GRIEVANCE PROCEDURE FOR ALLEGATIONS OF
NON-COMPLIANCE WITH ADA

Policy No. 52
Date Issued July 28, 1992
Effective Date July 28, 1992
Cancellation Date N/A
Supersedes No. N/A

Copies to: City Council, City Manager, City Attorney, Department and
Divisions Heads, Employee Bulletin Boards, Press, File

PURPOSE:

The Americans with Disabilities Act (ADA) Grievance Procedure is to describe the steps to follow if one files a grievance. A *grievance* for this purpose is an allegation of noncompliance with a provision of Titles I, II or V of ADA.

POLICY:

The City of Carlsbad will make all reasonable accommodations for the disabled with regard to employment, programs and facilities.

The City will attempt to resolve disputes or allegations of non-compliance with ADA informally. Where appropriate and permitted by law, dispute resolution may include fact finding, conciliation, facilitation, mediation or arbitration. The filing of this grievance does not preclude an informal resolution.

PROCEDURE:

Grievances shall be processed in the following manner.

1. Within fifteen (15) calendar days after a grievant knew, or by reasonable diligence should have known, of the condition upon which the grievance may be based, the grievant shall attempt to resolve it by filing a grievance. Any grievance that has not been informally resolved may be filed verbally or in writing to the Assistant City Manager's office. A written grievance may be by personal letter or by the City's *Grievance Form*.

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PROCEDURE (continued):

2. The grievance must contain the following information:
 - Name, address and phone number of the grievant
 - Specific identification of the provision(s) of ADA that the City may not be in compliance
 - Facts related to issue, such as witnesses, dates, acts, or locations
 - Specific request for remedy or resolution
3. Upon receipt of the grievance, the City shall act within the following guidelines:
 - a) Within ten (10) working days from the date of receipt of the grievance the Assistant City Manager, or a designate, shall render a decision in writing. Such response shall include the *Grievance Response Form* and the written decision of Assistant City Manager as attachment to the *Response Form*.
 - b) Within ten (10) working days the grievant's response to the decision shall be on the *Response Form*, indicating either agreement with or appeal of the Assistant City Manager's decision.
 - c) Within ten (10) working days of receipt of the grievant's appeal, the City Manager, or a designate, shall contact the grievant and/or the grievant's representative to schedule a mutually convenient meeting to review the appeal.

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PROCEDURE (continued):

- d) Within ten (10) working days after the scheduled meeting, the City Manager, or designate, shall render a decision in writing. Such response shall include the *Response Form*, the initial decision letter from the Assistant City Manager, and the written decision of the City Manager as a second attachment to the *Response Form*.
- e) The decision of the City Manager is final. The grievant may accept the decision by indicating such on the *Response Form* and returning to the City Manager within ten (10) working days of the date of the final decision.

CITY OF CARLSBAD
1200 Carlsbad Village Drive
Carlsbad, CA 92008

Americans with Disabilities Act Grievance Form

Contact:	Assistant City Manager (619) 434-2820
Definition:	A grievance is an allegation of noncompliance with a provision of any Title of the Americans with Disabilities Act (ADA).
Policy:	The City will attempt to resolve disputes or allegations of non-compliance informally. Where appropriate and permitted by law, dispute resolution may include factfinding, conciliation, facilitation, mediation or arbitration. The filing of this grievance does not preclude an informal resolution.
Instructions:	Complete this form as best as you can. Submit either by mail or in person to the City Manager at the address above. This grievance will be handled in accordance with the City's ADA grievance procedure. A copy of this procedure is available upon request.

Name: _____ **Phone:** _____

Address: _____

1. Statement of Grievance (state the facts as you know it relating to your grievance, including names, dates, locations, and actions if applicable) :

2. Resolution requested: _____

3. If you are being represented by another person on this grievance, please give the name and phone number of this person: _____

4. Signature: _____ **Date:** _____



CITY OF CARLSBAD
1200 Carlsbad Village Drive
Carlsbad, CA 92008

Americans with Disabilities Act Grievance Response Form

In accordance with paragraph 3. of the City's procedure to respond to a grievance filed for non-compliance with any provision of Titles I, II or V of the *Americans with Disabilities Act* (ADA), this form is to be used for rendering a decision.

INITIAL DECISION: **Assistant City Manager**

Date Grievance Received: _____

A written decision by the Assistant City Manager, or a designate, must be rendered within ten (10) working days of receipt of this grievance. Written decision is attached to this form and sent to grievant.

• _____ _____
Signature of Decision Maker Date

Grievant's response to attached decision.

/_____/ I accept the attached decision by marking an "X" in the box to the left and with my signature below.

/_____/ I wish to appeal the attached decision by marking an "X" in the box to the left and with my signature below.

Signature of Grievant Date

NOTE: **Request for Appeal must be submitted to the City Manager's office within ten (10) working days of the date of the Assistant City Manager's decision.**

(See Reverse for City Manager's Decision)

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Americans with Disabilities Act Grievance Response Form

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FINAL DECISION: **City Manager**

Date Request for Appeal Received: _____

The City Manager, or designate, shall contact the grievant and/or the grievant's representative within ten (10) working days of receipt of appeal. The purpose is to arrange a mutually convenient meeting to review the appeal.

Date of Contact: _____

Date of Meeting: _____

A written decision by the City Manager, or a designate, must be rendered within ten (10) working days of the date of the meeting to review the appeal. Written decision is attached to this form and sent to grievant.

Signature of Decision Maker

Date

Grievant's response to final decision.

/_____/ I accept the attached decision by marking an "X" in the box to the left and with my signature below.

Signature of Grievant

Date